



PTO/SB/21 (08-03)
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/631,326
		Filing Date	08/01/2003
		First Named Inventor	Gallagher
		Art Unit	2131
		Examiner Name	
Total Number of Pages in This Submission	5+	Attorney Docket Number	GALLR-63168

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> 1 foreign cited reference Postcard
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Howard N. Sommers	
Signature		
Date	December 17, 2003	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Typed or printed name	Howard N. Sommers	
Signature		Date
	12/17/03	

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O I P E J C 2
DEC 22 2003
EXAMINER & TRADEMARK OFFICE

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
\$0.00**Complete if Known**

Application Number	10/631,326
Filing Date	08/01/2003
First Named Inventor	Gallagher
Examiner Name	
Art Unit	2131
Attorney Docket No.	GALLR-63168

METHOD OF PAYMENT (check all that apply)
 Check Credit card Money Other None
 Deposit Account:

Deposit Account Number **06-2425**

Deposit Account Name **Fulwider Patton**

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.
FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non - English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	
1502 480	2502 240	Design issue fee	
1503 640	2503 320	Plant issue fee	
Total Claims <input type="text"/> -20** = <input type="text"/> 0 X <input type="text"/> 9.00 = <input type="text"/> 0.00			
Independent Claims <input type="text"/> - 3** = <input type="text"/> 0 X <input type="text"/> 43.00 = <input type="text"/> 0.00			
Multiple Dependent <input type="text"/> = <input type="text"/>			
LARGE ENTITY	SMALL ENTITY		
Fee Code (\$)	Fee Code (\$)	Fee Description	
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (1) (\$)	\$0.00		
2. EXTRA CLAIM FEES FOR UTILITY AND			
Extra Claims	Fee from below	Fee Paid	
Total Claims <input type="text"/> -20** = <input type="text"/> 0 X <input type="text"/> 9.00 = <input type="text"/> 0.00			
Independent Claims <input type="text"/> - 3** = <input type="text"/> 0 X <input type="text"/> 43.00 = <input type="text"/> 0.00			
Multiple Dependent <input type="text"/> = <input type="text"/>			
LARGE ENTITY	SMALL ENTITY		
Fee Code (\$)	Fee Code (\$)	Fee Description	
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)	\$0.00		
Other fee (specify) _____			
*Reduced by Basic Filing Fee Paid			SUBTOTAL (3) (\$)

**or number previously paid, if greater; For Reissues, see above

Complete (if applicable)

Name	Howard N. Sommers	Registration No. (Attorney/Agent)	24,138	Telephon	310-824-5555
Signature	Howard N. Sommers		Date	12/17/03	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



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Howard N. Sommers
Howard N. Sommers, Reg. No. 24,138

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of

Inventor: Raymond J. Gallagher III

Serial No: 10/631,326

Filed: 08/01/2003

For: PATTERNLESS ENCRYPTION AND
DECRYPTION SYSTEM AND METHOD

Examiner:

Group Art Unit: 2131

Confirmation No: 5578

Client ID/Matter No: GALLR-63168

Date: December 17, 2003

INFORMATION DISCLOSURE STATEMENT TRANSMITTAL
UNDER 37 § 1.97(b) (1)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

The documents listed on the enclosed form PTO-SB-08A have come to the attention of the applicant and are submitted to the Office under 37 C.F.R. §1.97. A copy of the cited foreign document is enclosed. This statement is not a representation that all

of the information cited is necessarily effective as prior art against the present application or that a prior art search was performed.

Because this Information Disclosure Statement is filed prior to the first Office action on the merits, no fee is required. The Commissioner is authorized, however, to charge any fees that may be required by this paper to Deposit Account No. 06-2425.

Applicant respectfully requests that the following citations be considered and made of record. It is respectfully requested that the examiner indicate consideration of the cited references by returning a copy of the attached form PTO-SB-08A with initials and/or other appropriate marks.

Respectfully submitted,

FULWIDER PATTON LEE & UTECHT, LLP

By: Howard N. Sommers
Howard N. Sommers
Registration No. 24,138

Howard Hughes Center
6060 Center Drive, Tenth Floor
Los Angeles, CA 90045
Telephone: (310) 824-5555
Facsimile: (310) 824-9696
Customer No. 24201

34844.1



Substitute for form 1449A/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet 1 of 2 Attorney Docket Number GALLR-63168

U.S. PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS

Examiner Signature _____ **Date Considered** _____

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. Applicant's unique citation designation number (optional). See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP® 901.04. Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. Applicant is to place a check mark here if English language Translation is attached.

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Substitute for form 1449B/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet

2

1

2

Complaint if Known

Application Number	10/631,326
Filing Date	08/01/2003
First Named Inventor	Gallagher
Art Unit	2131
Examiner Name	
Attorney Docket Number	GALLR-63168

OTHER PRIOR ART -- NON PATENT LITERATURE DOCUMENTS

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not

¹ Applicant's unique citation designation number

² Applicant is to place a check mark here if English language Translation is attached.

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